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CONFIRMATION NO. 8433

SERIAL NUMBER 10/809,675	FILING OR 371(c) DATE 03/25/2004 RULE	CLASS 435	GROUP ART UNIT 1634	ATTORNEY DOCKET NO. 4231/2055C
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APPLICANTS

Choong-Chin Liew, Toronto, CANADA; *[Signature]*

** CONTINUING DATA *****
 This application is a CIP of 10/802,875 03/12/2004 which is a CIP of 10/601,518 06/20/2003
 which is a CIP of 10/085,783 02/28/2002
 which claims benefit of 60/271,955 02/28/2001
 and claims benefit of 60/275,017 03/12/2001
 and claims benefit of 60/305,340 07/13/2001
 This application 10/809,675
 is a CIP of 10/268,730 10/09/2002
 which is a CON of 09/477,148 01/04/2000 ABN
 which claims benefit of 60/115,125 01/06/1999
[Signature]

** FOREIGN APPLICATIONS *****
[Signature]

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/05/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CANADA	35	48	5

ADDRESS

29933

TITLE

Method for the detection of osteoarthritis related gene transcripts in blood

FILING FEE RECEIVED 1041	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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